



Naturopathic Physicians Board of Medical Examiners  
1400 W. Washington, Ste. 230 ♦ Phoenix, AZ 85007  
Voice Telephone: 602-542-8242 ♦ Fax: 602/542-3093 ♦ Website: [www.npbomex.az.gov](http://www.npbomex.az.gov)

### Change of Name/ Change of Address/ Duplicate Request

Change in person's legal name, practice name and practice location requires a duplicate license and/or certificate. Fee for **each** license /certificate is **\$20.00** dollars. Please attach a check or money order for the correct amount.

**Print Clearly**

Name \_\_\_\_\_ SS# \_\_\_\_\_  
License Number \_\_\_\_\_ Certificate Number \_\_\_\_\_  
Choose one of the following    ☐ **Physician**    ☐ **Medical Assistant**    ☐ **Preceptee**    ☐ **Student**  
Type of change requested- choose all that apply:  
☐ **Practice Name**    ☐ **Name**    ☐ **Residence**    ☐ **Moving Practice**    ☐ **Adding Practice**

**Primary Location**    ☐ Check the box if this a change

Practice Name \_\_\_\_\_  
Practice Address \_\_\_\_\_  
   Street     Suite #     City     State     Zip  
Practice Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_  
Home Address \_\_\_\_\_  
   Street     Suite #     City     State     Zip

**Secondary Location**    ☐ Check the box if this a change

Practice Name \_\_\_\_\_  
Practice Address \_\_\_\_\_  
   Street     Suite #     City     State     Zip  
Practice Telephone \_\_\_\_\_

**Additional Practice locations: Add the requested information to the back of this Document**

I am requesting a **duplicate** of the following: check all that apply

☐ Medical License     ☐ Certificate to Dispense     ☐ Medical Certificate  
☐ Certificate/ Preceptor (physician)     ☐ Certificate to Preceptee     ☐ Student

**NOTE:** Notify the Board in writing within thirty (30) days, of any change in status of that person's initial application including any change of name, residence, practice address, telephone number and of each subsequent change of status. **Pursuant to A>R>S> Section 32-1507(B)**, the Board may assess the costs incurred by the board in locating a person who is licensed or certified by the Board. **NAME CHANGE**; you are required to enclose a copy of your marriage certificate or court order to change your name. List the name you request to be changed on a License or Certificate.

Signature \_\_\_\_\_ Date \_\_\_\_\_